# EDITORIALS

## THE LANE MEDICAL LECTURES

The 1925 Lane Medical Lectures will be given on October 5, 6, 7, 8, 9. They are by Doctor Vittorio Putti of the Rizzoli Institute, Bologna, Italy. They all have to do with problems of orthopedic surgery. They are by a remarkable man with a remarkable background—one of the great leaders in this specialty of medicine.

Every physician in Western America ought to hear these lectures and meet Doctor Putti. We talk a great deal about post-graduate review work. Here is an opportunity provided by the foresight of a California physician, and President Wilbur of Stanford University issues an invitation to doctors to avail themselves of this privilege.

The full program, with a brief illustrated biographical sketch of the lecturer and a brief description of the wonderful institute in which he works, will occupy this space in the September issue of CALIFORNIA AND WESTERN MEDICINE. This preliminary note is only a suggestion so that physicians desiring to attend these lectures may have ample notice of the time, and plan their work accordingly.

## DIGNIFYING LEGAL MEDICINE AND ETHICS IN MEDICAL EDUCATION AND PRACTICE

Since early in its existence the College of Medicine and Surgery of the University of the Philippines has had a Department of Legal Medicine, at first with a part-time professor and executive head and later with a full-salaried professor and several assistants. As in all other departments of that splendidly organized medical education, hospital and health service center, the head of the department in the school is not only ex-officio head of the corresponding department in the hospital, research laboratories and elsewhere, but wherever such departments can be extended to be of use in the practical work of the city and insular governments, that extension has been made.

The most recent report of Professor Sixto de los Angeles outlines an illuminating expansion and a satisfactory service in both teaching and practice of the great problems involved in legal and ethical medicine, which we have not seen exemplified elsewhere.

The department is now more than ten years old, and it not only teaches the problems connected with legal medicine and ethics to undergraduate students and graduate students of medicine, but the department serves every probable medico-legal patient admitted to the Philippine General Hospital or any of its services from the time of admission until the case is disposed of finally in the courts. All cases of medico-legal jurisprudence that arise through the police departments, courts or any other departments of the city or insular government at Manila, are, by affiliation, promptly referred to this department of the medical school, and the officers of the department take an active interest in assisting the courts and officers in a fair adjudication of the matter.

For this purpose the department maintains its own specially equipped laboratories, laboratory workers and technicians of other kinds necessary to carry forward this enormously important and growing branch of medicine.

By action of the Regents of the University of the Philippines, this department of legal medicine also constitutes the same department for the College of Law of the same university. Its faculty is made up with a full-time professor at the head and with a number of specialists, including attorneys, doctors, chemists, toxicologists and similar part-time instructors and a number of technicians.

Every other department in this school is organized along the same broad lines, but it is unusual to see such consideration given to legal medicine, and it is interesting to note that after ten years of experience the practical service of such a department to hospitals, courts, police bodies and government in general, as well as to the public, more than compensates, even in money value, for the cost of operating the department.

Persons interested in co-ordinating educational and practical ideals in organization and management of medical and health institutions can learn something from the organization in our far distant possessions.

## COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE AMERICAN MEDICAL ASSOCIATION REVISES AND EXTENDS ITS PROGRAM.

No more important or far-reaching movement in the progress of better health has been announced in recent years than that shown in the recent report of the Council on Medical Education and Hospitals of the American Medical Association. Heretofore the Council has concerned itself chiefly with the regulation of instruction of undergraduate medical students; the listing of schools in which satisfactory instruction is given and the accrediting or approving of hospitals acceptable for fifth year (intern year) instruction of medical students. More recently, the Council has wisely extended its field to include the supervision and approval of schools and institutions preparing to teach graduate medicine in general, including those teaching the specialties, and hospitals and other health agencies that desire to supply acceptable residencies and instruction in the various specialties to graduate students in medicine. All of these movements have been carefully matured, and if wisely promulgated, as they undoubtedly will be, will mean much to the cause of better health for the citizens of the United States.

### HOSPITALS APPROVED FOR INTERNS

The essentials in a hospital that desires to be approved for interns have been modified and extended. Hereafter only the general hospitals will be so approved, and the conditions of approval have been strengthened and made more definite. It would take too much space to reproduce or analyze these new essentials here, but all physicians, hospitals, and other health agencies interested in the problem should write to the Council at 535 North Dear-

born street, Chicago, for a copy of the new recent publication.

HOSPITALS APPROVED FOR RESIDENCIES

The Council has made a clear distinction between the fifth year medical student or intern, as he is most commonly called, and the more advanced graduate student or hospital resident, as he is now officially termed. Special hospitals and others not eligible because of lack of variety of material for approved standing for interns are now approved by the Council for second and later year graduate students of medicine. This is an important move and one that is going to take considerable time to be widely and fully appreciated. Hospitals not eligible for approval for interns, but which are prepared and desire to give special graduate instruction to still more advanced students, should make their applications for accredited standing for this purpose. Applications may be sent directly to the Council in Chicago, or they may be sent, as before, to the Hospital Betterment Service of the League and California Medical Association at 593 Market street, San Francisco.

GRADUATE MEDICAL SCHOOLS AND TEACHING INSTITUTIONS

The Council has already prepared a list of approved graduate schools of medicine, and of hospitals which have made satisfactory provision for hospital residents in certain specialties in which the hospital is giving high-grade work. Stanford University School of Medicine and the University of California graduate division are the only two institutions so far accredited this way for California. There are two different kinds of graduate instruction above the intern year: One kind is given by a recognized teaching institution with adequate approved hospital evaluations, and the other kind is given by a hospital accredited for graduate instruction or residencies. Most of the students who will continue their studies beyond the required fifth or intern year are naturally those preparing themselves to practice a specialty. The approval of either a graduate school or a hospital for this purpose, therefore, is determined largely upon its ability to give real instruction in a satisfactory manner in one or more of the recognized specialties of medicine. The whole movement is one in the right direction. It fixes once and for all the essential fact that the fifth year medical student is still an undergraduate student. It provides opportunities—approved opportunities, whereby students of medicine who wish to continue their studies with a view, either to becoming specialists or to otherwise advancing their knowledge of medicine, may have the same safeguards that have proved themselves so effective for the younger undergraduate in medicine.

None of these propositions, excellent as they are, takes care of the biggest and most vital problem confronting medicine, namely: the preparation of a better general practitioner. This, in the opinion of this editor, must be provided for, and I believe could be done in a most practical manner by accrediting or approving small hospitals of less than 100 beds for residents in the second and later years of graduate medical study. It is these smaller hospitals that are on the firing line and whose staffs and attending physicians in general are in immediate contact with the rural populations of our country. It is to them, and through them, and in no other way that the young physician may fit himself for the general practice of medicine. Such accredited standing for these hospitals may require either residence in the hospital or an apprenticeship in the office of one of the physicians practicing in that hospital and in the surrounding rural community. When the Council on Medical Education and Hospitals have added this additional step to what they have already so well done, the scheme of medical education will become more rounded, practical, and as complete as can be expected. That such a step will come is as inevitable as is the progress of medicine. There are a considerable number of hospitals of from twenty to seventy-five beds in California, for example, in which just as good medicine is being practiced by men just as able as is being practiced anywhere else in any community, and, furthermore, the staffs and attending physicians of all of these hospitals are the burden-bearers on the outer edges of medicine among our more or less rural citizens where our great advance in the future must be expected.

**Congenital Hypertrophic Pyloric Stenosis**—Four hundred and fifty-four cases of congenital hypertrophic pyloric stenosis in which the Fredet-Rammstedt operation was performed are reviewed by R. W. Bolling, New York (Journal A. M. A.). During the last ten years, there has been a gradual reduction in mortality, which is attributed not only to an increase in the proportion of favorable cases, but also to certain changes in the care of patients before and after operation. Of this entire series, sixty-seven died, a mortality of almost 15 per cent. The general mortality for the first 175 cases of this series was 17.1 per cent., and there was very little difference in the results in private and in ward patients. The contrast, however, is striking in the 279 patients operated on since January, 1920. Forty private patients were operated on with one death, and 239 ward patients with thirty-six deaths. All deaths in the hospital following operation are classed as operative deaths. Thirty-three patients died in collapse in from two to seventy-two hours after operation. Twenty-two patients died in from five to twenty-six days. In two instances necropsy disclosed acute gastro-enteritis. In two patients, bronchopneumonia was found. In another dying on the twenty-first day, a small hematoma was found at the site of the pyloric wound. Severe infection of the wound from a pre-existing omphalitis was the cause of death in two cases. Other necropsies were negative. Hemorrhage was responsible for the death of five patients: Two of these died from bleeding from the abdominal wound and two from bleeding in the wound in the pylorus. One, apparently a true hemophiliac, died on the third day from continuous oozing from the pylorus and the abdominal wall. Six deaths occurred from peritonitis. Two were in cases in which the duodenum had been accidentally opened. Two occurred early in the series, when the operation was modified by passing a bougie through the pylorus by means of a small opening in the stomach. One patient died twelve hours after an operation for an acute intussusception, which developed on the second day after operation. Bolling concludes that the Fredet-Rammstedt operation is simple, curative and permanent in its result. Convalescence is rapid, and the infant returns almost at once to normal development. In view of the results obtained by surgery in this series during a period of more than ten years, there appears to Bolling to be little justification for a delay which turns a good operative risk into a bad one, substitutes a long accidental convalescence for a brief, uneventful one, and fails to restore promptly a growing infant to a satisfactory state of nutrition at an important period in its development.